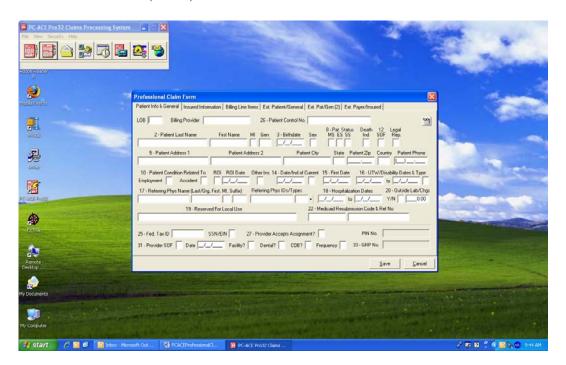
PC-ACE Pro32 - Creating Professional Claims - CMS 1500

From the PC-ACE Pro 32 toolbar, select the Professional Claims Processing button. It is the second one from the left. This will bring up the Professional Claims Menu.



Choose the Enter Claims option and a claim form will appear. The following steps will walk you through the box-by-box instructions for completing a CMS 1500 claim, which is what the districts (LEAs) use for their claims.

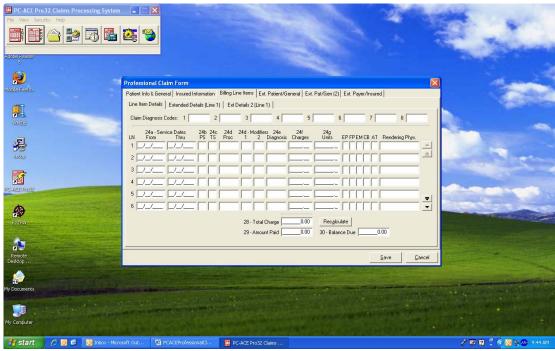


Patient Info & General Tab

- 1. LOB (Line of Business) Required. Press F2 or right-click to obtain a list of valid LOB codes. You should always choose MCD Medicaid.
- 2. Billing Provider Required. Once you select the MCD option for LOB, the district's provider number should appear in this field. This will also automatically populate Fed Tax ID, SSN/EIN, Provider Accepts Assignment, Provider SOF, Date, and box 33a PIN No.
- 3. Patient Control No. Required. Enter the Medicaid ID for the student you are entering claims. Another option is to right-click on your mouse, with the cursor in the field, to bring up your Patient Selection list. Choose the student that you are billing for and double-click to drop their information into the claim. As you already entered this information in the Reference File Maintenance option, the data will automatically populate nearly all of the fields.
- 4. Patient Condition Related To (Box 10) Required. Enter 'N' for No to both the Employment and Accident fields as these claims are not related to either situation.

Insured Information Tab

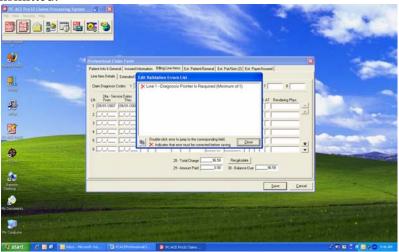
1. The required fields in this tab should automatically populate with the information you entered into the Patient Reference File. The required fields are: Payer ID, Payer Name, Insured's ID, P. Rel, Insured's Last Name, First Name, Birthdate, Sex, Sig, AOB, Insured's Address, City, State, and Zip.



Billing Line Items Tab

- 1. Claim Diagnosis Code (Box 21) Required. Enter the applicable ICD9-CM diagnosis codes in order of importance.
- 2. Line 1 Service Dates (Box 24a) Required. Enter the dates that services were rendered.

- 3. PS (Place of Service Box 24b) Required. Enter 99 as 'Other' for the place of service code.
- 4. Proc (Procedure Code Box 24d) Required. Press F2 or right-click for a list of procedure codes. The procedure code must be five (5) characters in length (ex. T1019 for the health para, or A0130 for transportation).
- 5. Modifiers (Box 24d) Conditional. If a modifier is needed you can press F2 or right-click to get a list of modifiers.
- 6. Diagnosis (Diagnosis Code Indicator Box 24e) Required. Indicate the corresponding diagnosis code from Box 21 by entering the number of its position. Place a one (1) in this field to relate the line item to the diagnosis code that you listed as the primary diagnosis code.
- 7. Charges (Box 24f) Required. If the Reference File Maintenance is setup correctly, entering the number of Units (#8 below) should automatically calculate this box. For transportation claims, you will need to manually enter the amount in the total charges field. For example, if your per mile rate is \$1.94 and you performed 5 units of service (round trips) at 20 miles per trip, then you would multiply the 5 units by 20 miles to get 100 miles. This would make the total charge \$194, representing 100 miles at \$1.94 per mile.
- 8. Units (Box 24g) Required. Enter the total number of units that you provided.
- 9. Rendering Physician Conditional. This field is only used for group providers, so is left blank for districts.
- 10. Total Charge (Box 28) Required. Click on Recalculate to get the total.
- 11. Amount Paid (Box 29) Conditional. Leave this blank as you have not been paid any funds by other insurance.
- 12. Balance Due (Box 30) Required. If there is nothing in box 29 then this field will be exactly what is listed in box 28.
- 13. Click Save.
- 14. When you click Save a box entitled Edit Validation Errors List may appear. If it does then you have forgotten to complete a required field. Simply double click the error and PC-ACE Pro 32 will take you to the field in error. Fix the required field until you can save without having any errors. If there are no errors then your claim will be saved to the Professional Claim List as a CLN (Clean) claim waiting to be transmitted.



15. A blank Professional Claim Form will pop-up after you have saved the claim
form that you were working on. You are ready to start you next claim or click
cancel in the lower left corner when you are finished.